

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/031536

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20			1			
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35						
36						
37						
38						
39						
40						
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.			18	↓		↓
TOTAL CLAIMS			19			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						1
55						1
56						1
57						
58						
59						
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97						
98						
99						
100						
TOTAL IND.		↓		↓	1	↓
TOTAL DEP.					17	↓
TOTAL CLAIMS					18	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS